



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Medtronic Docket: P9451.00  
Attorney Docket No.: 539.5005.1

KOULLICK, et al.

Application No.: 10/781,568

Examiner: *Unknown.*

Filed: February 18, 2004

Group Art Unit: *Unknown.*

For: OCCLUSION RESISTANT HYDROCEPAHLIC SHUNT

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled OCCLUSION RESISTANT HYDROCEPAHLIC SHUNT, the specification of which is attached hereto or was filed on February 18, 2004 as United States Application Number or PCT International Application Number 10/781,568, or filed herewith.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 37 C.F.R. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 37 U.S.C. 119(e) of any United States provisional application(s) listed below.

<i>Application Number(s)</i>	<i>Filing Date (MM/DD/YYYY)</i>	<input type="checkbox"/> <i>Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto</i>
60/447,989	02/18/2003	

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of 35, U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<i>Application Numbers</i>	<i>Filing Date (MM/DD/YYYY)</i>	<i>Status (Patented, Pending, Abandoned)</i>

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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Medtronic Docket: P9451.00

Attorney Docket No. 539.5005.1

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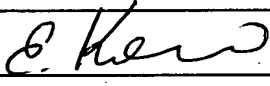
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor</b>		<input type="checkbox"/> <i>A petition has been filed for this unsigned inventor</i>	
<b>Given Name (First and Middle [if any])</b> Edouard		<b>Family Name or Surname:</b> Koullick	
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<b>Given Name (First and Middle [if any])</b> Marc		<b>Family Name or Surname:</b> Hendriks	
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<input checked="" type="checkbox"/> <i>Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) attached hereto.</i>			

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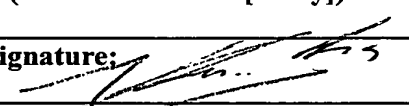
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<b>Name of Sole or First Inventor</b>		<input type="checkbox"/> <i>A petition has been filed for this unsigned inventor</i>	
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<input checked="" type="checkbox"/> <i>Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) attached hereto.</i>			

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